

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

07/19/2016

Document Number:

685300980

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	215977	326162	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 26580Name of Operator: BURLINGTON RESOURCES OIL & GAS LPAddress: PO BOX 4289City: FARMINGTON State: NM Zip: 87499

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Roberts, Kelly	505-326-9775	Kelly.Roberts@conocophillips.com	SW Inspection Reports
Busse, Dollie	505-324-6104	dollie.l.busse@conocophillips.com	SW Inspection Reports
Notor, Lori	505-326-9822	Lori.R.Notor@conocophillips.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Compliance Summary:QtrQtr: NWNE Sec: 1 Twp: 32N Range: 11W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/16/2010	200235556	PR	PR	SATISFACTORY			No
10/19/2006	200107322	PR	PR	SATISFACTORY		Pass	No
09/20/2005	200079628	PR	PR	SATISFACTORY		Pass	No
01/13/2004	200052108	PR	PR	SATISFACTORY		Pass	No
11/15/2002	200032861	PR	PR	SATISFACTORY		Pass	No
05/30/2001	200018818	ID	SI	SATISFACTORY		Pass	No
03/24/1999	500149846	ID	SI			Pass	No
02/17/1997	500149845	ID	SI			Pass	No
08/16/1994	500149844	ID	SI			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
215977	WELL	PR	02/22/2007	GW	067-07583	UTE 32-11 101	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: St John, William (Cal)

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

<u>Lease Road:</u>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	NFPA Labels are peeling on the three 500 BBL tanks.		

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

<u>Good Housekeeping:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Fencing/:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Post and Hog Wire		

<u>Equipment:</u>				
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Lube Oil Tank on Stand. Berms need maintenance.			
Corrective Action				Date:

Inspector Name: St John, William (Cal)

Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Telemetry Equipment			
Corrective Action			Date:
Type: Vertical Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Chemical Tank and Pump on Secondary Containment.			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Wellhead			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	OTHER	PBV STEEL
S/AR	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 120 BBL

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
			SE GPS

Inspector Name: St John, William (Cal)

PRODUCED WATER	3	500 BBLS	HEATED STEEL AST	,	
S/AR	SATISFACTORY		Comment:		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

<u>Venting:</u>	
Yes/No	NO
Comment	

<u>Flaring:</u>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 215977

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 215977 Type: WELL API Number: 067-07583 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat

Long

DWR Receipt Num:

Owner Name:

GPS :

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____

Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____

Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____

CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

Pit, cellars, rat holes and other bores closed? _____

CM _____

CA _____

CA Date _____

Guy line anchors marked? _____

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? _____

Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____

Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: St John, William (Cal)

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Pass	
		Gravel	Pass			
Gravel	Pass	Ditches	Pass			

S/A/V: SATISFACTOR Y _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

Document Num	Description	URL
685300980	INSPECTION APPROVED	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3910390